# **HUMAN SERVICES DEPARTMENT[441]**

# **Notice of Intended Action**

# Proposing rule making related to crisis response services and providing an opportunity for public comment

The Department of Human Services hereby proposes to amend Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4.

# Purpose and Summary

These amendments further amend and clarify standards for crisis response services. Iowa Medicaid currently covers crisis response services; however, these amendments clarify that the daily upper limit for hourly crisis response and hourly crisis stabilization services is limited to the daily per diem for crisis stabilization services. These amendments also make a technical correction to the record requirements in a previously adopted rule making.

# Fiscal Impact

Iowa Medicaid currently reimburses for crisis response services. These amendments are intended to provide the daily upper limit for hourly crisis response and hourly crisis stabilization services to ensure that the cost of hourly services does not exceed the cost of daily crisis stabilization services. There will be new Medicaid expenditures for crisis response services with the clarification of Medicaid participation and reimbursement. However, these services are expected to reduce the utilization of more costly inpatient services. Neither the cost of the crisis response services nor the offsetting hospital savings are known with certainty. Therefore, the fiscal impact cannot be determined. Any potential impact will be limited to the availability and capacity of accredited providers. Neither the cost of the subacute mental health services nor the offsetting hospital savings are known with certainty. Therefore, the fiscal impact cannot be determined. Any potential impact will be limited by the availability of beds. There is currently one licensed subacute facility in the state, and only one application has been sent to the department for review. If approved, that facility will provide up to nine subacute beds.

# Jobs Impact

There is an opportunity for more qualified mental health care professionals and peer support specialists to be employed by these service providers as the crisis response services expand and develop and as subacute mental health care facilities become licensed and enroll with Medicaid.

#### Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

#### Public Comment

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on February 20, 2018. Comments should be directed to:

Harry Rossander Bureau of Policy Coordination Department of Human Services Hoover Building, Fifth Floor 1305 East Walnut Street Des Moines, Iowa 50319

Fax: 515.281.4980

Email: policyanalysis@dhs.state.ia.us

# Public Hearing

No public hearing is scheduled at this time. An oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, an agency, or an association of 25 or more persons as provided in Iowa Code section 17A.4(1)"b."

# Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Amend subrule **79.1(2)**, provider categories "Crisis response services" and "Crisis stabilization community-based services," as follows:

<u>Provider category</u>	Basis of reimbursement	<u>Upper limit</u>
Crisis response services	Fee schedule	Fee schedule in effect 2/1/18 <sub>2</sub> not to exceed the daily per diem for crisis stabilization services.
Crisis stabilization community-based services	Fee schedule	Fee schedule in effect 2/1/18 <sub>2</sub> not to exceed the daily per diem for crisis stabilization services.

# ITEM 2. Amend subparagraph **79.3(2)"d"(44)** as follows:

- (44) Crisis response services, crisis stabilization community-based services and crisis stabilization residential services Subacute mental health services.
  - 1. Physician orders or court orders.
  - 2. Independent assessment.
  - 3. Individual treatment plan.
  - 4. Service notes or narratives (history and physical, therapy records, discharge summary).
  - 5. Medication administration records (residential services).

# ITEM 3. Amend subparagraph **79.3(2)"d"(45)** as follows:

(45) Subacute mental health services Crisis response services, crisis stabilization community-based services and crisis stabilization residential services.

- 1. Assessment.
- Individual stabilization plan.
  Service notes or narratives (history and physical, therapy records, discharge summary).
  Medication administration records (residential services).